Smallpox Case Investigation

Form 3B – Non-household Contact   **Case ID:** _____

List all persons who had face to face contact with case or whom had any contact in a medical setting

Last Name	First name	DOB (or if unk. Age yrs)	Sex M/F	Relationship[†]	Place of contact[‡]	Date(s) of contact[φ]	Duration of contact (hours)	Phone # [♮]	Social security #	Address			
										Street	City	State	Zip

† friend, neighbor, work site person, teacher, school administrator, other....   φ use 1 row for each date

‡Work, school, doctor's office, other health care office, friend's house, restaurant,

♮ list all phone numbers (home, work and cellular) and use 1 row for each